RHODE ISLAND ETHICS COMMISSION

PUBLIC RECORDS REQUEST FORM ACCESS TO PUBLIC RECORDS ACT

Date:			
Name (optional):			
Address (optional):			
Fax number (optional	al):		
Email address (optio	nal):		
Type of Request:	Inspect Recor	ds Copies of Records	
Manner of delivery:	Email	US mail ☐ Fax ☐	Pick-up
Requested Records:			
OFFICE USE ONL			
Request taken by:		Request completed	by:
Date:			
Records to be availal	ble on:		
Mail:	Pick-up:	Email:	Fax:
Records Provided: _			
		rch and Retrieval:	

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